PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

2083.002700/14-0246

CLAIMS AS FILED - PART I							S	SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			26				F	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			36 minus 20=		* 16			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			f minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter						olumn 2	L	TOTAL		OR	TOTAL	
	С	LAIMS AS A	MENDE	ENDED - PART II				-			OTHER	THAN
		(Column 1)		(Colur		(Column 3)	SMALL ENTITY			SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent * FIRST PRESENTATION OF MI		Minus	***	CLAIM	=		X42=		OR	X84=	
۲	THOTTILOE			LINDEN	OL MINI	<u>. </u>	į	+140=		OR	+280=	
					TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE				
		(Column 1)		(Colu	nn 2)	(Column 3)	^	DDIT, FEE		•	ADDII. I EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER. DUSLY	PRESENT EXTRA	2	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		=		X42=	•	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		-
	+140= TOTAL ADDIT, FEE									OR	+280=	
										OR	TOTAL ADDIT. FEE	L
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On	* ,	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the entry in column 7 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
	The "Highest Nur	mber Previously Pa	id For" (Total o	or Independ	ent) is the	e highest number	r four	nd in the app	oropriate bo	x in co	lumn 1.	